

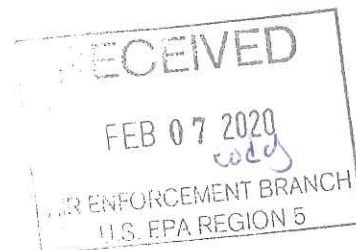


We create chemistry

January 31, 2020

Sent by Certified Mail

Attention: Compliance Tracker (AE-18J)
Air Enforcement and Compliance Assurance Branch
U.S. Environmental Protection Agency, Region V
77 W. Jackson Blvd.
Chicago, Illinois 60604



**Subject: BASF Corporation, Elyria, Ohio
Facility ID 0247040195, Permit Number P0125035
3rd Quarter 2019 Title V Reporting**

Dear Sir / Madam:

BASF Corporation hereby submits required Title V compliance reports for the period July 1, 2019 to September 30, 2019, as required pursuant to item 47 of Administrative Order EPA-5-18-113(a)-OH-06.

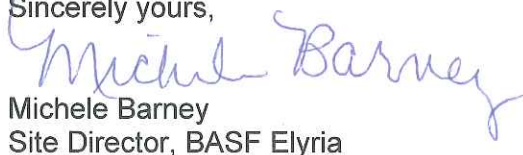
47. BASF must send all deviation, malfunction, and compliance reports required by BASF's current Title V operating permit or any other effective CAA Permits applicable to the facility, covering any activity during the dates this order is in effect, to EPA under Section 114(a)(1) of the CAA, 42 U.S.C. Section 7414(a)(1), to the following address:

Attention: Compliance Tracker (AE-18J)
Air Enforcement and Compliance Assurance Branch
U.S. Environmental Protection Agency, Region V
77 W. Jackson Blvd.
Chicago, Illinois 60604

Enclosed are the following documents - Title V Deviation Reports for Q4 2019, Excess Emissions and Continuous Monitoring System (CMS) Performance Report and/or Summary Reports for Q4 2019, and one malfunction report from Q4 2019.

Based on available information and belief formed after reasonable inquiry, the undersigned certifies that the statements and information in this report are true, accurate, and complete. Please contact Nancy Gallagher at (440) 329-2427 if you have any questions concerning this report submittal.

Sincerely yours,


Michele Barney
Site Director, BASF Elyria

Enclosures

**SECTION I
GENERAL INFORMATION**

A. Print or type the following information for each facility for which you are submitting an excess emissions and CMS performance report and/or summary report (§63.9(b)(2)(i)-(ii))

Operating Permit Number (OPTIONAL)		Facility I.D. Number (OPTIONAL)	
P0125035		0247040195	
Responsible Official's Name/Title			
Michele Barney			
Street Address			
120 Pine Street			
City	State	ZIP Code	
Elyria	OH	44035	
Facility Name (if different from Responsible Official's Name)			
BASF Corporation			
Facility Street Address (If different than Responsible Official's Street Address)			
Facility Local Contact Name		Title	Phone (OPTIONAL)
Nancy Gallagher		Sr. EHS Specialist	
City	State	ZIP Code	
Elyria	OH	44035	

B. Indicate the relevant standard(s) or other requirement(s) that is/are the basis for this report. (§63.5(d)(1)(ii)(D))

Basis for this report (<i>relevant standards or other requirements</i>)
40 CFR 60.7 and 60.16(h)

C. Are you requesting a waiver of recordkeeping and/or reporting requirements under the applicable relevant standard(s) in conjunction with this excess emissions and CMS performance report and/or summary report? (§63.10(f)(3))

☐ Yes ☒ No

If you answered yes, you must submit the application for a waiver of recordkeeping and/or reporting requirements together with this excess emissions and CMS performance report and/or summary report. The application for waiver should include whatever information you consider useful to convince the Administrator that a waiver of recordkeeping and/or reporting is warranted. (§63.10(f)(3))


D. Check the box that corresponds to the report(s) you are submitting:

- ☐ Summary Report Only (**Complete Sections II and IV**)
- ☒ Excess Emission and CMS Performance Report and Summary Report (**Complete Sections II, III, and IV**)

SECTION II

CERTIFICATION *(Note: you may edit the text in this section as deemed appropriate)*

Based upon information and belief formed after a reasonable inquiry, I, as a responsible official of the above-mentioned facility, certify the information contained in this report is accurate and true to the best of my knowledge.

Name of Responsible Official (Print or Type)	Title	Date (mm/dd/yy)
Michele Barney	Site Director	01/31/2020
Signature of Responsible Official		
		

SECTION III

EXCESS EMISSIONS AND CMS PERFORMANCE REPORT

A. Excess Emissions

1. Have any excess emissions or exceedances of a parameter occurred during this reporting period? Yes ☒ No ☐ *(if no, go to B.1.)* (§63.10(e)(3)(v))
2. If you answered yes, complete the following table **for each period** of excess emissions and/or parameter monitoring exceedances, as defined in the relevant standard(s), that occurred **during** startups, shutdowns, and/or malfunctions of your affected source, **or during periods other than** startups, shutdowns, and/or malfunctions of your affected source. (§63.10(c)(7)-(11))

Note: Use a separate line for each period of excess emissions and/or parameter monitoring exceedances of your affected source.

Nature of Event or Problem		Excess Emissions and/or Parameter Monitoring Exceedances Occurred:							
Excess Emissions	Parameter Monitoring Exceedance	During Startup	During Shutdown	During Malfunction	During Another Period	Start Date (mm/dd/yyyy)	Completion Date (mm/dd/yyyy)	Nature and Cause of any Malfunction (if known)	Corrective Action Taken or Preventive Measures Adopted

B. CMS Performance

1. Has a CMS been inoperative (except for zero/low-level and high-level checks), out of control (as defined in §63.8(c)(7)(i)), repaired, or adjusted during this reporting period? ☒ Yes ☐ No (if no, go to B.3.) (§63.10(e)(3)(v))

Note: A CMS is out of control if (a) the zero (low-level), mid-level (if applicable), or high-level calibration drift (CD) exceeds two times the applicable CD specification in the applicable performance specification or in the relevant standard; or (b) the CMS fails a performance test audit (e.g., cylinder gas audit), relative accuracy audit, relative accuracy test audit, or linearity test audit; or (c) the COMMS CD exceeds two times the limit in the applicable performance specification in the relevant standard. (§63.8(c)(7)(i))

When the CMS is out of control, the owner or operator of the affected source shall take the necessary corrective action and shall repeat all necessary tests which indicate that the system is out-of-control. The owner or operator shall take corrective action and conduct retesting until the performance requirements are below the applicable limits. The beginning of the out-of-control period is the hour the owner or operator conducts a performance check (e.g., calibration drift) that indicates an exceedance of the performance requirements established under this part. The end of the out-of-control period is the hour following the completion of corrective action and successful demonstration that the system is within the allowable limits. During the period the CMS is out-of-control, recorded data shall not be used in data averages and calculations, or to meet any data availability requirement established under this part. (§63.8(c)(7)(ii))

2. If you answered yes, complete the following table **for each period** a CMS was out of control, repaired, or adjusted: (§63.10(c)(5)-(6), (10)-(12); §63.8(c)(8))

Note: Use a separate line for each period a CMS was out of control, repaired, or adjusted.

CMS Type	Manufacturer	Process ID Number	Start Date (mm/dd/yyyy)	Completion Date (mm/dd/yyyy)	Nature and Cause of Any Malfunction (if known)	Corrective Action Taken or Preventive Measures Adopted	Nature of the Repairs or Adjustments Made to the CMS that was Inoperative or Out of Control
GP-IR	Rosemount Analytical	P102, P103, P009, P092	10/15/2019	10/15/2019	None	Requested visit by Emerson – troubleshooting CEMS	Replaced ammonia scrubber packing, multiple adjustments to optimize performance, replaced NOx analyzer
GP-IR	Rosemount Analytical	P102, P103, P009, P092	10/25/19	10/25/2019	Calibration gas valve was stuck in the open position following daily calibration check.	Respond to readings of NOx higher than expected (internal limits – set below permit limits)	Closed and repaired valve on calibrations gas. NOx readings returned to expected range.
GP-IR	Rosemount Analytical	P102, P103,	11/13/19	11/13/19	Respond to results of daily automatic calibration	Discovered that analyzer had been shut down, but sample	Production run for 15 hours with analyzer shut down.

		P009, P092			failure	pump was running. Found sensor meant to detect water escaping chiller failed and OEM interlock shut off analyzer without shutting off pump.	Faulty sensor was removed, interlock changed to not allow disabling of analyzer with sample pump running.
GP-IR	Rosemount Analytical	P102, P103, P009, P092	11/14/2019	11/14/2019	Respond to results of daily automatic calibration failure	Recalibrate analyzer, adjust sample flow, run auto-verification	N/A (CMS operative and in control)
GP-IR	Rosemount Analytical	P102, P103, P009, P092, P026	12/18/2019	12/18/2019	Respond to results of daily automatic calibration failure	Recalibrate analyzer, adjust sample flow, run auto-verification	N/A (CMS operative and in control)
GP-IR	Rosemount Analytical	P102, P103, P009, P092, P026	12/20/2019	12/20/2019	Respond to results of daily automatic calibration failure	Recalibrate analyzer, adjust sample flow, run auto-verification	N/A (CMS operative and in control)
GP-IR	Rosemount Analytical	P102, P103, P009, P092, P026	12/30/2019	12/30/2019	Respond to results of daily automatic calibration failure	Recalibrate analyzer, adjust sample flow, run auto-verification	N/A (CMS operative and in control)

3. Indicate the total process operating time during the reporting period. (§63.10(c)(13))

Total process operating time (days)

74 (includes partial days – any day on which processing occurred)

SECTION IV

SUMMARY REPORT- GASEOUS AND OPACITY EXCESS EMISSION AND CONTINUOUS MONITORING SYSTEM PERFORMANCE

Note: One summary report shall be submitted for the hazardous air pollutants monitored at each affected source (unless the relevant standard specifies that more than one summary report is required, e.g., one summary report for each hazardous air pollutant monitored). (§63.10(e)(3)(vi))

A. Report Date and Submittal Reporting Period

Indicate the reporting period covered by this submittal and the date of this summary report.
(§63.10(e)(3)(vi)(C), (M))

Reporting period beginning date (mm/dd/yyyy)	Reporting period ending date (mm/dd/yyyy)	Summary report date (mm/dd/yyyy)
10/01/2019	12/31/2019	01/31/2020

B. Process Description and Monitoring Equipment Information

Complete the following process description and monitoring equipment information table **for each affected source process unit**. (§63.10(e)(3)(vi)(B), (D), (E), (F), (G), (H))

Total operating time of affected source during the reporting period (Hours)

1776 hours

Process unit name

Rotary Calciners #2, #3, #4, #6 and General Catalyst Blender (E-30)

Process unit description

Rotary calciners and double cone blender for metals-based catalyst production.

Emission and/or operating parameter limitations specified in the relevant standard(s)

1.86 pounds/hour (200 ppmvd)

Monitoring Equipment Information

Type	Latest Certification or Audit Date (mm/dd/yyyy)	Manufacturer	Model	HAPs Monitored
GP-IR	11/20/2019	Rosemount Analytical	X-Stream	NOx

C. Emission Data Summary

Complete the following emission data summary table *for each affected source*:
 (§63.10(e)(3)(vi)(I))

Total duration of excess emissions/parameter exceedances (minutes for opacity, hours for gases): NA

Opacity (minutes): 0	Gases (hours): 0
Total operating time of affected source during the reporting period (days)	
74 (includes partial days – any day on which processing occurred)	
Percent of total source operating time during which excess emissions/parameter exceedances occurred (percent)	
0	
Summary of causes of excess emissions/parameter exceedances (percent of total duration by cause)	
Startup/shutdown	%
Control equipment problems	%
Process problems	%
Other known causes	%
Other unknown causes	%
TOTAL	%
Total NOx Emissions for the Quarter (tons)	0.1

D. CMS Performance Summary

Complete the following CMS performance summary table *for each affected source*:
 (§63.10(e)(3)(vi)(J))

Total duration of CMS downtime (minutes for opacity, hours for gases): P009, P092, P102, P103, P026

Opacity (minutes): 0	Gases (hours): 15
Total operating time of affected source during the reporting period (days)	
1776 hours	
Percent of total source operating time during which CMS were down (percent)	
0.8%	
Summary of causes of CMS downtime (percent of downtime by cause)	
Monitoring equipment malfunctions	0%
Non-monitoring equipment malfunctions	0%
Quality assurance/quality control calibrations	0%
Other known causes	100%
Other unknown causes	0%
TOTAL	100%

OEM programmed interlock shut down analyzer without shutting of sample flow loop flow, so tie in to site control system did not detect the analyzer shut down. OEM programming has been changed to integrate/align with site control logic (alarms and interlocks on CEM system failure) to prevent a future incident.

E. CMS, Process, or Control Changes

1. Have you made any changes in CMS, processes, or controls since the last reporting period? ☒ Yes ☐ No **(if no, end of form)** (§63.10(e)(3)(vi)(K))
2. If you answered yes, please describe the changes below:

Changes in CMS, processes, or controls since the last reporting period

As a result of OEM programming, a moisture sensor in the sample loop shuts down the analyzer to protect it from water damage. The sensor failed on 11/13/19 and shut down the analyzer. However, the sample flow continued. There was no way to detect that the analyzer was shut down. Upon failure of the daily calibration check and trouble-shooting, it was discovered that the analyzer had not recorded data for 15 hours. Corrective actions were taken to ensure that the analyzer could not be shut down without notification to site personnel. Upon restoration, NOx readings were consistent with readings prior to the system trip and all were well below permit limits.

END OF FORM - Please make sure that a Responsible Official signs Section II prior to submitting the form to your EPA Regional Office or your State Air Permitting Agency, as applicable.

FACILITY NAME: BASF Corp.			
FACILITY ID (PREMISE NUMBER): 02-47-04-0195			
FACILITY ADDRESS: 120 Pine Street, Elyria, OH 44035			
Issuance or most recent modification date: 10/29/19			
QUARTERLY Reporting Period		SEMIANNUAL Reporting Period (please indicate <u>AN/A</u> below in the <u>From</u> and <u>To</u> fields if this report does include semiannual deviation reporting)	
From: 10/01/19	To: 12/31/19	From: 07/01/2019	To: 12/31/19
Total pages in <u>report</u> , including this one: 11 pages			
Please list any supporting attachments: Q42019Wonderwaredata			
Reporting deadline: 01/31/2020			

NOTE: The deviation reporting period shall be stated in the following format: xx/xx/xx through zz/zz/zz where xx/xx/xx and zz/zz/zz are the beginning and end dates for the deviation reporting period respectively.

SIGNATURE FOR STATEMENT

This statement shall be signed by the responsible official as defined in OAC rule 3745-77-01(GG). Making of any false material statement, representation or certification constitutes a violation of ORC 3704.05(H), and subjects the responsible party signing this statement to civil and/or criminal penalties as provided in ORC 3704.06(C) and ORC 3704.

CERTIFICATION

Based on information and belief formed after reasonable inquiry, I hereby affirm, as stated in OAC rule 3745-77-03(D), that the statements and information as transmitted in this Title V report are true, accurate and complete to the best of my knowledge.

Authorized Signature Michelle Barney Date 1-31-20

Name (Please Print) Michele Barney Title Site Director

Deviation Reporting

FACILITY NAME: BASF Corp.			
FACILITY ID (PREMISE NUMBER): 02-47-04-0195			
FACILITY ADDRESS: 120 Pine Street, Elyria, OH 44035			
Issuance or most recent modification date: 10/29/19			
QUARTERLY Reporting Period		SEMIANNUAL Reporting Period (please indicate "N/A" below in the "From" and "To" fields if this report does include semiannual deviation reporting)	
From: 10/01/19	To: 12/31/19	From: 07/01/19	To: 12/31/19
Reporting deadline: 01/31/2020			

SECTION I - PART I General Terms and Conditions (Permit Requirement Reporting) (Table1)

Mark the following box with an >X= if no General Terms and Conditions deviations occurred

X	THERE WERE NO DEVIATIONS OF ANY OF THE TERMS AND CONDITIONS OF PART I OF THE TITLE V PERMIT DURING THE REPORTING PERIOD
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Add rows as necessary to the following table for reported deviations (one for each General Term as applicable; see detailed instructions for more information) (Table2)

TITLE V PERMIT TERM NO./Description	Reporting Requirement (choose one)		ACTUAL METHOD USED TO DETERMINE COMPLIANCE	DEVIATION INFORMATION			PROBABLE CAUSE FOR THE DEVIATION	CORRECTIVE ACTIONS / PREVENTATIVE MEASURES TAKEN
	Quarterly	Semi- Annual		DEVIATION DURATION		DESCRIPTION AND MAGNITUDE OF THE DEVIATION		
				DATE / TIME START	DATE / TIME END			

FACILITY NAME: BASF Corp.			
FACILITY ID (PREMISE NUMBER): 02-47-04-0195			
FACILITY ADDRESS: 120 Pine Street, Elyria, OH 44035			
Issuance or most recent modification date: 10/29/19			
QUARTERLY Reporting Period		SEMIANNUAL Reporting Period (please indicate A N/A below in the A From and A To fields if this report does include semiannual deviation reporting)	
From: 10/01/19	To: 12/31/19	From: 07/01/19	To: 12/31/19
Reporting deadline: 01/31/2020			

Section II - Part II Facility-wide Permit Requirement Reporting

Insignificant Emissions Unit Negative Declarations (Table1)

List each insignificant emissions unit where no deviations of any PTI terms or applicable requirements for the listed emissions unit occurred, or add rows as necessary to the deviation reporting table (see next page) for reported deviations (one for each term as applicable; see detailed instructions for more information)

THERE WERE NO DEVIATIONS OF <u>ANY</u> PTI TERMS OR APPLICABLE REQUIREMENTS FOR THE FOLLOWING LISTED INSIGNIFICANT EMISSIONS UNITS IDENTIFIED IN PART II.A OF THE TITLE V PERMIT:	
P005 – Tunnel Kiln 4	
P024 – General Catalyst Reaction Tank	
P027 – General Catalyst Mixer 1	
P028 – General Catalyst Extruder 1	
P031 – Mills and Blender Bldg. 10	
P049 – HC-11 tanks	
P050 – Misc. Mix Room Equipment	
P051 – Misc. Mix Room Blenders	
P055 – Zinc Catalyst Tablet Mix	
P081 – Nitric Acid Dilution	
P082 – Harrop Kiln	
P084 – Ammonia Stripper in WWTP	

Ohio Environmental Protection Agency
Deviation Reporting

Section II- Page 1

FACILITY NAME: BASF Corp.			
FACILITY ID (PREMISE NUMBER): 02-47-04-0195			
FACILITY ADDRESS: 120 Pine Street, Elyria, OH 44035			
Issuance or most recent modification date: 10/29/19			
QUARTERLY Reporting Period		SEMIANNUAL Reporting Period (please indicate "N/A" below in the "From" and "To" fields if this report does include semiannual deviation reporting)	
From: 10/01/19	To: 12/31/19	From: 07/01/19	To: 12/31/19
Reporting deadline: 01/31/2020			

THERE WERE NO DEVIATIONS OF <u>ANY</u> PTI TERMS OR APPLICABLE REQUIREMENTS FOR THE FOLLOWING LISTED INSIGNIFICANT EMISSIONS UNITS IDENTIFIED IN PART II.A OF THE TITLE V PERMIT:	
P090/P123 – reduction towers	
P096 – Horne tableting machines	
P098 – Clean Room Tableting Bldg. 25	
P100 – Tunnel Kiln 2	
P101 – Tunnel Kiln 3	
P110 – General Catalyst Mixer 3	
P111- East Pfaudler General Catalyst	
P115 – General Catalyst Extruder 2	
P116 – General Catalyst Extruder 3	
P118 – Bldg. 24 Briquettor	
P119 – Bldg. 24 Blender	
P127 – Bldg. 13 Tableting	
P128 – Diesel Emergency Generator	
P138 - Bldg. 10 Repack Area	
P138 – Abbe Blender	

Ohio Environmental Protection Agency
Deviation Reporting

Section II- Page 1

FACILITY NAME: BASF Corp.			
FACILITY ID (PREMISE NUMBER): 02-47-04-0195			
FACILITY ADDRESS: 120 Pine Street, Elyria, OH 44035			
Issuance or most recent modification date: 10/29/19			
QUARTERLY Reporting Period		SEMIANNUAL Reporting Period (please indicate <input type="checkbox"/> N/A <input type="checkbox"/> below in the <input type="checkbox"/> From <input type="checkbox"/> and <input type="checkbox"/> To <input type="checkbox"/> fields if this report does include semiannual deviation reporting)	
From: 10/01/19	To: 12/31/19	From: 07/01/19	To: 12/31/19
Reporting deadline: 01/31/2020			

THERE WERE NO DEVIATIONS OF <u>ANY</u> PTI TERMS OR APPLICABLE REQUIREMENTS FOR THE FOLLOWING LISTED INSIGNIFICANT EMISSIONS UNITS IDENTIFIED IN PART II.A OF THE TITLE V PERMIT:	
P140 – General Catalyst Mixer 2	
P141 – Reduction Tower Screeners	
P142 – Powder Room Compactor	
P143 – General Catalyst Repack	
B007 – Kewanee Boiler, rated at 8.6 MMbtu / hr	
B008 – Kewanee Boiler, rated at 8.6 MMbtu / hr	
B009 – Kewanee Boiler, rated at 8.6 MMbtu / hr	
B010 – Kewanee Boiler, rated at 8.6 MMbtu / hr	
T001 – sulfuric acid storage tank	

FACILITY NAME: BASF Corp.			
FACILITY ID (PREMISE NUMBER): 02-47-04-0195			
FACILITY ADDRESS: 120 Pine Street, Elyria, OH 44035			
Issuance or most recent modification date: 10/29/19		Includes PTI P0125759	
QUARTERLY Reporting Period		SEMIANNUAL Reporting Period (please indicate ΔN/AΔ below in the ΔFromΔ and ΔToΔ fields if this report does include semiannual deviation reporting)	
From: 10/01/19	To: 12/31/19	From: 07/01/19	To: 12/31/19
Reporting deadline: 01/31/2020			

Facility-wide Permit Requirements Terms and Conditions (Permit Requirement Reporting) - Negative Declarations (mark with an >X= if applicable) **(Table 2)**

X	THERE WERE NO DEVIATIONS OF ANY OF THE TERMS AND CONDITIONS OF PART II OF THE TITLE V PERMIT DURING THE REPORTING PERIOD SPECIFIED IN THIS REPORT
---	---

Section II - Part II Facility-wide and/or IEU permit requirement (Permit Requirement Reporting) - Deviation Reporting (Table 3)

Add rows as necessary to the following table for reported deviations (one for each Term as applicable; see detailed instructions for more information)

[illegible]

FACILITY NAME: BASF Corp.			
FACILITY ID (PREMISE NUMBER): 02-47-04-0195			
FACILITY ADDRESS: 120 Pine Street, Elyria, OH 44035			
Issuance or most recent modification date: 10/29/19			
QUARTERLY Reporting Period		SEMIANNUAL Reporting Period (please indicate aN/A below in the aFrom and aTo fields if this report does include semiannual deviation reporting)	
From: 10/01/19	To: 12/31/19	From: 07/01/19	To: 12/31/19
Reporting deadline: 01/31/2020			

Section III - Part III Emissions Unit Terms and Conditions (Permit Requirement Reporting) - Negative Declarations (Table 1)

List each emissions unit where no deviations of any terms for the listed emissions unit occurred, or add rows as necessary to the second table (see next page) for reported deviations (one for each term as applicable; see detailed instructions for more information)

THERE WERE NO DEVIATIONS OF <u>ANY</u> OF THE TERMS AND CONDITIONS OF PART III OF THE TITLE V PERMIT FOR THE FOLLOWING LISTED EMISSIONS UNITS:		
Emissions Unit ID	Please place an >X= below if there were no Quarterly Deviations - If an >X= is not indicated, the deviation(s) must be identified in Table2 below	If applicable, please place an >X= below if there were no Semiannual Deviations - If an >X= is not indicated, the deviation(s) must be identified in Table2 below
P006 – Copper Calciner 1		
P009 – Rotary Calciner 4		
P010 – Rotary Calciner 1	X	X
P018 – Wyssmont Dryer	X	X
P026 – General Catalyst Pfaudler	X	X
P070 – Copper Chrome Strike Deck	X	X
P080 – Rotary Calciner 5	X	X

Ohio Environmental Protection Agency
Deviation Reporting

Section III- Page 1

FACILITY NAME: BASF Corp.			
FACILITY ID (PREMISE NUMBER): 02-47-04-0195			
FACILITY ADDRESS: 120 Pine Street, Elyria, OH 44035			
Issuance or most recent modification date: 10/29/19			
QUARTERLY Reporting Period		SEMIANNUAL Reporting Period (please indicate AN/A below in the From and To fields if this report does include semiannual deviation reporting)	
From: 10/01/19	To: 12/31/19	From: 07/01/19	To: 12/31/19
Reporting deadline: 01/31/2020			

P086 – Gen Cat P&S Dryer 1	X	X
P092 – Rotary Calciner 6	X	X
P094 – Bldg. 10 Spin Flash Dryer	X	X
P095 – Copper Calciner 2	X	X
P099 – PK Blender Bldg. 10	X	X
P102 – Rotary Calciner 2	X	X
P103 – Rotary Calciner 3	X	X
P106 – National Dryer	X	X
P121 - Gen Cat P&S Dryer 2	X	X
P122 - Gen Cat P&S Dryer 3	X	X
P130 – P&S Dryer 6	X	X

FACILITY NAME: BASF Corp.			
FACILITY ID (PREMISE NUMBER): 02-47-04-0195			
FACILITY ADDRESS: 120 Pine Street, Elyria, OH 44035			
Issuance or most recent modification date: 10/29/19			
QUARTERLY Reporting Period		SEMIANNUAL Reporting Period (please indicate N/A below in the From and To fields if this report does include semiannual deviation reporting)	
From: 10/01/19	To: 12/31/19	From: 07/01/19	To: 12/31/19
Reporting deadline: 01/31/2020			

P131 – Copper Tablet Precursor Process	X	X
P132 – Powder Room	X	X

FACILITY NAME: BASF Corp.			
FACILITY ID (PREMISE NUMBER): 02-47-04-0195			
FACILITY ADDRESS: 120 Pine Street, Elyria, OH 44035			
Issuance or most recent modification date: 10/29/19			
QUARTERLY Reporting Period		SEMIANNUAL Reporting Period	
From: 10/01/19	To: 12/31/19	From: 07/01/19	To: 12/31/19
Reporting deadline: 01/31/2020			

Section III - Part III Emissions Unit Terms and Conditions (Permit Requirement Reporting) - Deviation Reporting (Table2)

Add rows as necessary to the following table for reported deviations (one for each Term as applicable; see detailed instructions for more information) - Please group deviations for each emissions unit that has deviations of multiple terms.

EMISSIONS UNIT (EU) NO./Description (See below)	TITLE V PERMIT TERM NO & Description	Reporting Requirement (choose one) or both		ACTUAL METHOD USED TO DETERMINE COMPLIANCE	DEVIATION INFORMATION		PROBABLE CAUSE FOR THE DEVIATION	CORRECTIVE ACTIONS / PREVENTATIVE MEASURES TAKEN	WAS THIS DEVIATION ATTRIBUTABLE TO A MALFUNCTION ? (Yes or No - If Yes, continue to the next column)	MALFUNCTION VERBAL REPORT(S) DATE(S) (If no reports were made, state ANO REPORTS@ in the space below)	MALFUNCTION WRITTEN REPORT(S) DATE(S) (If no reports were made, state ANO REPORTS@ in the space below)	
		Quarterly	Semi- Annual		DEVIATION DURATION							DESCRIPTION AND MAGNITUDE OF THE DEVIATION
					DATE/TIME START	DATE/TIME END						
P006	C. 1. b) (1) f.		X	Visual check	09/06/19, 8:00 a.m.	09/06/19, 9:00 a.m.	Visible emissions – release of PM from P006-1 dust collector	Minor damage to one cartridge in the dust collector	Feed to calciner shut down, production activities ceased immediately upon discovery. All cartridges replaced.	YES	09/06/19	09/27/19

FACILITY NAME: BASF Corp.			
FACILITY ID (PREMISE NUMBER): 02-47-04-0195			
FACILITY ADDRESS: 120 Pine Street, Elyria, OH 44035			
Issuance or most recent modification date: 10/29/19			
QUARTERLY Reporting Period		SEMIANNUAL Reporting Period	
From: 10/01/19	To: 12/31/19	From: 07/01/19	To: 12/31/19
Reporting deadline: 01/31/2020			

Section III - Part III Emissions Unit Terms and Conditions (Permit Requirement Reporting) - Deviation Reporting (Table2)

Add rows as necessary to the following table for reported deviations (one for each Term as applicable; see detailed instructions for more information) - Please group deviations for each emissions unit that has deviations of multiple terms.

EMISSIONS UNIT (EU) NO./Description (See below)	TITLE V PERMIT TERM NO & Description	Reporting Requirement (choose one) or both		ACTUAL METHOD USED TO DETERMINE COMPLIANCE	DEVIATION INFORMATION		PROBABLE CAUSE FOR THE DEVIATION	CORRECTIVE ACTIONS / PREVENTATIVE MEASURES TAKEN	WAS THIS DEVIATION ATTRIBUTABLE TO A MALFUNCTION ? (Yes or No - If Yes, continue to the next column)	MALFUNCTION VERBAL REPORT(S) DATE(S) (If no reports were made, state NO REPORTS@ in the space below)	MALFUNCTION WRITTEN REPORT(S) DATE(S) (If no reports were made, state NO REPORTS@ in the space below)	
		Quarterly	Semi- Annual		DEVIATION DURATION							DESCRIPTION AND MAGNITUDE OF THE DEVIATION
					DATE/TIME START	DATE/TIME END						
P006	C. 1. b) (1) f.		X	Visual check	09/06/19, 8:00 a.m.	09/06/19, 9:00 a.m.	Visible emissions – release of PM from P006-1 dust collector	Minor damage to one cartridge in the dust collector	Feed to calciner shut down, production activities ceased immediately upon discovery. All cartridges replaced.	YES	09/06/19	09/27/19

Ohio Environmental Protection Agency
Deviation Reporting

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FACILITY NAME: BASF Corp.			
FACILITY ID (PREMISE NUMBER): 02-47-04-0195			
FACILITY ADDRESS: 120 Pine Street, Elyria, OH 44035			
Issuance or most recent modification date: 10/29/19			
QUARTERLY Reporting Period		SEMIANNUAL Reporting Period	
From: 10/01/19	To: 12/31/19	From: 07/01/19	To: 12/31/19
Reporting deadline: 01/31/2020			

EMISSIONS UNIT (EU) NO./Description (See below)	TITLE V PERMIT TERM NO & Description	Reporting Requirement (choose one) or both		ACTUAL METHOD USED TO DETERMINE COMPLIANCE	DEVIATION INFORMATION			PROBABLE CAUSE FOR THE DEVIATION	CORRECTIVE ACTIONS / PREVENTATIVE MEASURES TAKEN	WAS THIS DEVIATION ATTRIBUTABLE TO A MALFUNCTION ? (Yes or No - If Yes, continue to the next column)	MALFUNCTION VERBAL REPORT(S) DATE(S) (If no reports were made, state <i>NO REPORTS@</i> in the space below)	MALFUNCTION WRITTEN REPORT(S) DATE(S) (If no reports were made, state <i>NO REPORTS@</i> in the space below)
		Quarterly	Semi- Annual		DEVIATION DURATION		DESCRIPTION AND MAGNITUDE OF THE DEVIATION					
					DATE/TIME START	DATE/TIME END						
P006	C. 1. b) (1) f.	X	X	Visual check	10/18/19, 5:30 p.m.	10/18/19, 6:30 p.m.	Visible emissions – release of PM from P006-1 dust collector	Programmi ng logic caused blower to increase speed, which pulled material through filters	Feed to calciner shut down, production activities ceased immediately upon discovery. All cartridges replaced. Programming logic was changed to prevent incident from recurring.	YES	10/22/19	10/31/19

Ohio Environmental Protection Agency Deviation Reporting

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Issuance or most recent modification date: 10/29/19			
QUARTERLY Reporting Period		SEMIANNUAL Reporting Period	
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EMISSIONS UNIT (EU) NO./Description (See below)	TITLE V PERMIT TERM NO & Description	Reporting Requirement (choose one) or both		ACTUAL METHOD USED TO DETERMINE COMPLIANCE	DEVIATION INFORMATION			PROBABLE CAUSE FOR THE DEVIATION	CORRECTIVE ACTIONS / PREVENTATIVE MEASURES TAKEN	WAS THIS DEVIATION ATTRIBUTABLE TO A MALFUNCTION ? (Yes or No - If Yes, continue to the next column)	MALFUNCTION VERBAL REPORT(S) DATE(S) (If no reports were made, state NO REPORTS@ in the space below)	MALFUNCTION WRITTEN REPORT(S) DATE(S) (If no reports were made, state NO REPORTS@ in the space below)
		Quarterly	Semi- Annual		DEVIATION DURATION		DESCRIPTION AND MAGNITUDE OF THE DEVIATION					
					DATE/TIME START	DATE/TIME END						
P009	C. 2. 4) (10)	X	X		11/13/19, 1:00 a.m.	11/13/19, 4:00 p.m.	No NOx data recorded.	OEM program interlock shut off analyzer w/o stopping sample pump, so no alarms/ interlocks tripped. Daily calibration failure investigation, OEM interlock discovered.	System logic and programming corrected to prevent running with analyzer shut down.	NO	NO REPORTS	NO REPORTS

FACILITY NAME: BASF Corp.			
FACILITY ID (PREMISE NUMBER): 02-47-04-0195			
FACILITY ADDRESS: 120 Pine Street, Elyria, OH 44035			
Issuance or most recent modification date: 10/29/19			
QUARTERLY Reporting Period		SEMIANNUAL Reporting Period	
From: 10/01/19	To: 12/31/19	From: 07/01/19	To: 12/31/19
Reporting deadline: 01/31/2020			

EMISSIONS UNIT (EU) NO./Description (See below)	TITLE V PERMIT TERM NO & Description	Reporting Requirement (choose one) or both		ACTUAL METHOD USED TO DETERMINE COMPLIANCE	DEVIATION INFORMATION			PROBABLE CAUSE FOR THE DEVIATION	CORRECTIVE ACTIONS / PREVENTATIVE MEASURES TAKEN	WAS THIS DEVIATION ATTRIBUTABLE TO A MALFUNCTION ? (Yes or No - If Yes, continue to the next column)	MALFUNCTION VERBAL REPORT(S) DATE(S) (If no reports were made, state A NO REPORTS@ in the space below)	MALFUNCTION WRITTEN REPORT(S) DATE(S) (If no reports were made, state A NO REPORTS@ in the space below)
		Quarterly	Semi- Annual		DEVIATION DURATION		DESCRIPTION AND MAGNITUDE OF THE DEVIATION					
					DATE/TIME START	DATE/TIME END						

ALL DETAILED INSTRUCTIONS FOR COMPLETING A DEVIATION REPORTING TABLE@ for guidance on this table.